BOSTON NEUROBEHAVIORAL ASSOCIATES
226 Field St, New Bedford
MA, US 02740

**Complete Evaluation: Psychiatrist**

Date of Exam: 12/12/2026
Time of Exam: 9:32:56 PM

Patient Name: Nightingale, Rose
Patient Number: 1000042179374

**History:** Dr. Nightingale is a physically healthy unmarried 38 year old woman. She complains of delusions that have started to negatively affect her daily life.
The following information was provided by:
Dr. Nightingale
Dr. Nightingale's partner
Dr. Nightingale describes symptoms of an episodic persecutory delusional disorder. She reports that there is not a precipitant for her delusions. Neither Dr. Nightingale or her partner are able to identify a cause or trigger for her current delusional symptoms. Symptoms began insidiously over a period of time starting at the onset of puberty. She describes recurring episodic delusions that have persisted over years.

**Current Symptoms**: She reports a distressed emotional state. This is in line with clinical depression recorded in her history. She reports the onset of depression aligns with the onset of the delusional symptoms. She reports intrusive thoughts of harming others. She reports issues with trust and loyalty. She reports beliefs that those close to her are attempting to harm her with no rational reasoning. She reports Feelings of isolation. She reports issues sleeping. Insomnia has been reported. She reports issues 'spacing out'. Her partner reports she 'is not always there'. Dissociative symptoms have been reported. She reports angry outbursts that sometimes become violent.
**Suicidality:** She denies suicidal ideas or intentions. Denial is convincing.
**Severity/Complexity:** Based on the risk of morbidity without treatment and her description of interference with functioning, severity is estimated to be moderate.

Dr. Nightingale has symptoms of anxiety. Anxiety symptoms have been present for years. Anxiety symptoms have recently increased in severity over the past few months. Anxiety symptoms are occurring daily. She reports occurrences of difficulty concentrating. Feelings of restlessness are described. Difficulty sleeping is occurring. There is difficulty falling asleep. She describes an exaggerated startle response.

**Problem Pertinent Review of Symptoms/Associated Signs and Symptoms:** No compulsive, ritualistic acts are reported. No hallucinations or other symptoms of psychotic process are reported by her save for aforementioned delusions.

**Client's Goals:**
"I would like to go a day without thinking my father wants me dead."

## Past Psychiatric History:

**Withdrawal History:**
There is no history of Dr. Nightingale ever having experienced withdrawal from any substance.

**Psychiatric Hospitalization:**
Dr. Nightingale has never been psychiatrically hospitalized.

**Outpatient Treatment:**
Dr. Nightingale received outpatient mental health treatment for anxiety problems. This occurred when she was in her late teens. She was prescribed Diazepam. She is still currently taking this medication. She has received outpatient mental health treatment for depression. This occurred when she was in her 20s. She was prescribed Doxepin. She is still currently taking this medication.

**Suicidal/Self Injurious**:
Dr. Nightingale has no history of suicidal or self injurious behavior.

**Addiction/Use History:**
Dr. Nightingale denies any history of substance abuse. There is a family history of alcoholism.

**Psychotropic Medication History:**
Dr. Nightingale has been prescribed Diazepam and Doxepin. She is still currently taking both medications. She reports taking them as prescribed. Her Diazepam prescription is a dosage of 10mg four times daily. Her Doxepin prescription is a dosage of 40mg three times daily.

Past psychiatric history is otherwise entirely negative.

## Social/Developmental History:
Dr. Nightingale is a 38 year old unmarried woman. She is a US citizen. She is a Christian.

**Relationship/Marriage:**
Dr. Nightingale is unmarried.

**Children:**
Dr. Nightingale has no children.

## Barriers to Treatment:
**Emotional:**
Dr. Nightingale reports feelings of uncertainty regarding psychiatric treatment outside of simple medication. She reports she made an appointment to satisfy her partner.

**Solution:**
Create an action plan with Dr. Nightingale that eases her uncertainties. Build comfort so she is more willing to go through with the treatment plan.

## Medical History:

**Adverse Drug Reactions:**
There are no known ADRs.

**Allergies:**
There are no known allergies.

**Compliance:**
Dr. Nightingale reports good compliance with medical instructions including medication orders.

**Exam:** Dr. Nightingale presents as nervous and paranoid, though kempt in appearance. She exhibits speech that is normal in rate and articulation, though low in volume, and is coherent. Language skills are intact. There are signs of severe depression. Body posture and attitude convey an underlying depressed mood. Facial expression and general demeanor reveal nervous tendencies. She denies having suicidal ideas. Her affect is congruent with mood. Associations are intact and logical. There are no apparent signs of hallucinations or other indicators of psychotic process outside of delusions and occasional bizarre behaviors. Associations are intact, thinking is logical, and thought content appears appropriate. Suicidal ideas or intentions are denied. Homicidal ideas or intentions are denied outside of unwanted intrusive thoughts. Cognitive functioning and fund of knowledge are intact and age appropriate. Short and long term memory are intact, as is ability to abstract and do arithmetic calculations. This patient is fully oriented at time of exam. Vocabulary and fund of knowledge indicate cognitive functioning in an above average range. Insight into problems appears fair. Judgment appears fair.
There are signs of anxiety and paranoia.
*Irritability
*Fidgety
* Distrust

**Diagnoses:**
Generalized anxiety disorder (Active)
Major Depressive Disorder (Active)
Paranoid Personality Disorder (Active)
Delusional Disorder (Active)

**Instructions / Recommendations / Plan:**
A clinic or outpatient treatment setting is recommended because patient is impaired to the degree that there is relatively mild interference with interpersonal/occupational functioning.

Psychopharmacology
Supportive Therapy

**Start Olanzapine 5 mg x30days # 30 (thirty) None refills (Delusional Disorder)**

**Notes & Risk Factors:**
Acute Grief: Death of sister

Yvette Bernard, MD
Electronically Signed
By: Yvette Bernard, MD
On: 12/12/2026 10:05:38 PM